

**H**IV/AIDS is a disease which spreads mainly through sexual intercourse or activities where human beings come into contact with each other's body fluids (such as using infected syringes for injecting drugs or by infected blood transfusions).

*Illness and death resulting from this epidemic disease affects and will continue to affect economies and society at all levels, from the individual to the macro-economy.*

*The most immediate effects are felt by the person who becomes sick, and then usually by his or her family or household. Between the extremes of the individual and the macro-economy there are also effects on communities, enterprises and economic and social sectors. It is at these middle levels, which include many income-generating activities, that interventions may be most urgently required. This AIDS Brief provides some indications of how HIV and AIDS may impinge upon the economic sector of tourism and what types of response may be required.*

## Tourism in the global economy

Tourism and travel make up a vast and growing business. Current turnover is estimated at \$3.4 trillion and this is expected to rise to \$7.5 trillion by the year 2005. It is also estimated that the industry employs 212 million people - 10% of the global workforce. Tourism's share in the global economy is rising rapidly. Whilst in 1992 the sectoral share was estimated at 6.1%, by 1995 this is estimated to have risen to over 10%. It includes passenger-transport industries, hotels and accommodation, restaurants and other food and drink providers, recreational and cultural services, manufacture and sale of souvenirs, and information provision. It is a sector with many links to other sectors at local, regional, national and international levels. Indeed, it might be said that one of tourism's main functions is to develop and expand communication networks to facilitate the movement of people, and in 1994 some 528 million people travelled as tourists. Thus it facilitates the spread of disease.

## Tourism, economic growth and risk

Tourism is seen as a potential growth area for many countries, especially those endowed with regions of unspoilt landscape, cultural monuments, exotic wildlife, world heritage sites, or a comparative advantage in recreational areas such as beaches, wilderness or mountains. Virtually all countries have some form of tourism marketing, and in many countries tourism is a major foreign exchange earner.

## Checklist

### ☐ Vulnerability to HIV spread

#### Risk factors:

- ☐ Large numbers of single men or women working in the industry
- ☐ Many single, male visitors
- ☐ High levels of alcohol or other recreational drug consumption
- ☐ Sex as a major commodity in the tourist industry
- ☐ Insecure work contracts for workers in the tourist sector
- ☐ High levels of untreated STIs

#### Prevention:

- ☐ Available, affordable condoms
- ☐ Education on safer sex and on negotiating for safer sex
- ☐ Affordable, available, effective diagnosis and treatment of STIs
- ☐ Develop organisation or neighbourhood support groups to discuss sexual health
- ☐ Integrate longer-term impacts on household income and welfare into extension programmes
- ☐ Identify market sector(s) which attract minimum risk and generate maximum income
- ☐ Keep tourist areas as smart and clean as possible - avoid sleaze!

### ☐ Vulnerability to Impact

#### Risk Factors:

- ☐ Movements of people:
- ☐ Migrant population working in the tourist sector
- ☐ Frequent travel between tourist areas and more distant areas
- ☐ Low general status and economic insecurity of women

#### Responses:

- ☐ Endeavour to stabilise labour force in the tourist sector
- ☐ Encourage men and women workers to come accompanied

Tourism does not only create economic growth directly. The business of providing infrastructure and resources requires investments in other sectors which also contribute to economic growth.

Tourism thrives on the opportunities it offers for people to have new experiences. This fact alone accounts for the frequent identification in many minds (perhaps mainly, but not exclusively, men's minds) of tourism and travel with sexual adventure. Because tourists seek out new experiences, they also enjoy what they perceive as "safe risks" - such as gambling, sex or even drug use - all aspects of the "illusory" or "exotic" world created by the "tourist experience". Thus, tourism as a personal experience and as an industry creates environments where a disease such as HIV/AIDS may thrive.

At the level of the economy it has been widely recognised that unwise development of tourism can: (a) result in rapid diminution of precisely the features which attracted the visitors in the first place; and (b) incur "externalities" - such as environmental damage, the cost of which outweighs the income earned. Explosive spread of epidemic disease may be considered just such an "externality".

### ***The medium-term prospects for tourism***

The pattern of global tourism will change over the next decade. The European and American markets are likely to grow more slowly as growth in disposable incomes slows. The main boom in tourism will be from Japan and the newly industrialised countries of Asia. At present only one in ten Japanese travels abroad compared to one in two Europeans. Foreign travel is becoming increasingly popular. Whilst only 5% of Koreans and 2% of Thais travel for recreational purposes, this is set to boom; the result will naturally be a massive increase in demand for destinations - both globally and regionally.

### ***HIV/AIDS and the tourism sector: sex and tourism and sex tourism***

HIV/AIDS is not just another disease. It is a disease currently without cure or vaccine. As far as is known, all people who become infected with the virus (become

"HIV-positive" or "seropositive") ultimately develop AIDS and die. During part of the time a person is seropositive they are very likely to be well and able to lead a perfectly active life. They may be sexually active - and also infectious. From these facts there arise the following important implications for the tourist sector:

1. Sex and tourism have always to some degree been associated. In some places, "sex tourism" has become a key element in the tourist industry. This business attracts many types of "commercial sex workers" both male and female. Some of these are full-time and voluntary, some are full-time and forced and many others are part-time and work in the sex industry to supplement otherwise small incomes. All of these people will also have non-commercial sexual relations in which disease transmission may occur.

When a fatal sexually transmitted infection (STI) such as HIV is spreading and when drug use may also be a factor, the tourist sector can play an important role in that spread - not only into a country from visitors to nationals, or out of a country from nationals to foreigners - but also from the tourist areas to the rest of a country.

2. The disease has a dormant period and an infected person may be symptom-free but infectious for several years. This means that one person may unknowingly and unintentionally infect many others. Most of the people who are so infected will be in the age groups between 15 and 50 - sometimes called the "sexually active" groups. These people are also those members of a society who are working and producing to support the young and old. If they become sick and die, the social and economic effects on the entire country can be very serious indeed - large numbers of sick people to care for, loss of workers in many sectors, increasing numbers of orphans, loss of skilled people. All these effects are already being seen in some parts of the world where the epidemic has advanced steadily over the last decade. Thus the tourist sector has the potential to accelerate the epidemic and ultimately to cost a country more in lost human resources and additional expense than it may contribute.

## **Key Elements**

### ***Environments are risky - not people!***

It is not groups of people (such as tourists or commercial sex workers) who are risky, nor even types of behaviour

(such as drug use). Rather it is the case that particular behaviours become risky because there is a disease in the environment. Thus we are best advised to think of the

tourist sector as a high risk environment in which a disease such as HIV/AIDS can thrive.

## Transmission

There are two sets of issues to consider under this heading - reducing and/or preventing spread from:

1. tourists to nationals or *vice versa*; and
2. nationals working in the tourism sector to nationals in the wider society or *vice versa*.

Of course, all these possible transmission routes should be affected by general health education in a country. However, given the concentration and rapid turnover of both workers and visitors in the tourist sector, it is important to develop detailed and appropriate health education programmes for all these combinations.

### 1. Tourists <-> National transmission

It should not be assumed that either tourists or nationals are the potential source of infection. Both groups of people are at risk in the environment of the tourist industry. While it is inevitable that in any tourist area there will be sexual relations or sharing of hypodermic syringes between the two groups, the goals should be to:

- educate tourists and nationals to the dangers of unprotected sex or the sharing of hypodermic syringes;
- provide adequate supplies of condoms and sterile syringes - including the provision of the means of making syringes sterile - for example bleach;
- train vulnerable groups of nationals (such as hotel chamber maids, professional sex workers - both full time and occasional, street children) in negotiating safer sexual behaviours;
- monitor and legislate for employment practices and wages in the tourist sector to reduce the risk of low-paid workers supplementing their wages by sex work.

Education of visitors presents a specific problem - that of achieving an appropriate and practical balance between informing intending visitors of both the danger that they may bring infection and the danger that they may be exposed to infection. Such education should take place at four stages:

- before departure from their own country;
- en route, for example through short films on aeroplanes and boats;
- at the point of arrival;
- at their final destination(s).

### 2. National <-> National transmission

This should form part of general health education dealing with problems of both the sexual and the intravenous drug use [IDU] channels of infection. However, people working

in the tourist industry need to be made aware that in contracting HIV/AIDS they also put their spouse or partner at risk and ultimately their home communities if they:

- carry the disease back to distant parts of the country and infect others;
- die and leave orphans in the care of their relatives;
- die and cease to be able to support dependants.

## Medium and long-term socio-economic impacts of tourism and HIV/AIDS

The most immediate medium-term social and economic effect of HIV/AIDS - beyond making people seriously ill - is that it will begin to destroy the tourist industry if a country becomes identified or stigmatised as having high levels of HIV/AIDS. This may discourage visitors even if they are not "sex tourists", because they will worry about the safety of hospitals, blood supplies, dentists and emergency medical services.

Beyond this immediate impact, the longer-term impact of infection channelled from the tourist sector into the wider economy and society may be very profound indeed. It may include the loss of highly skilled specialists, of teachers (and thus the education of the next generation), of carers for the young and old; it may lead to decline in production in important economic sectors as people die prematurely.

### Main market sectors in current or planned tourist development

One way of thinking through how prevention programmes might be built into the tourism sector, is to consider the different types of markets which are contained within the "tourist sector".

Market sectors are most obviously differentiated by price, area of origin of the tourists, tourist destinations, and the main interests of tourists - in other words, what "products" do the tourists believe that they are purchasing? Possible answers may be any one of the following or a combination: "sun and beaches", "relaxation", "luxury", "culture", "exclusivity", "open air adventure", "wildlife", "helping poor countries", "discovering 'new' or 'unspoilt' destinations", "environment and wilderness", "sexual adventure", "gambling".

Within the general policy goal of maximising income while minimising risk, this would suggest strategies such as:

- careful identification of the relative "risk" of different sectors of the tourist market and the development of appropriate pricing structures to attract or repel visitors whose prime aim in travelling is sexual. For exam-

- ple wealthy couples visiting the historic sites rather than single men coming to gamble;
- making it more expensive for unaccompanied men and women to visit - for example by introducing high single room supplements for unattached visitors, or the development of carefully targeted information about the risks and the need for safer sex for particular market segments - for example men who want to visit prostitutes and men who are potential paedophiles. Such information to be available at ports of entry, in adequate amounts and in the appropriate languages as well as in tourist accommodation (possibly also at point of sale of holiday);
- in certain situations establishing relatively self-contained tourist developments which are remote enough for relations between visitors and local people to be discreetly but effectively controlled;
- consideration of legal provisions to regulate high-risk behaviour such as injecting drug use. Ideally this should allow for and might indeed encourage the possession of clean syringes while not condoning the use of injectable drugs;
- in those places where sex is the main commodity which attracts tourists, ensuring that this trade is closely regulated in terms both of training commercial sex workers and educating visitors.

## Components of an HIV/AIDS and Tourism Programme

1. Identification of main areas of infection risk in the existing tourist industry, in particular, identification of points of interaction between tourists and people working in the industry.
2. Identification of main areas of infection risk between people working in the tourist industry and the broader society.
3. Identification of scenarios for long-term chains of transmission from the tourist sector to other sectors under existing arrangements, in particular the ways that infection may flow from urban centres and tourist foci into the wider society, and the medium to long-term implications of such infection and the consequent morbidity and mortality for other sectors of the economy and society - for example the impact on the agricultural/rural sectors (see *AIDS Briefs: Commercial Agriculture, Subsistence Agriculture*).
4. Assessment of the relative risks of different tourism marketing strategies by origin of tourists, their interests and their spending power. The aim should be to derive some kind of quantitative or qualitative assessment of the costs and benefits of different strategies measured against the criteria of:
  - total income generated from each strategy;
  - potential risk of infection associated with each strategy in terms of High, Low or Medium;
  - potential additional costs to the economy in terms of risk of major downstream effects assessed in terms of High, Low or Medium.
5. Identify the main target groups in the private and public sectors, local and regional areas, outside the tourist sector, with whom co-ordination will be necessary, and indicate the kinds of training or sensitisation which might be appropriate and at what level(s).
6. Indicative development of advisory material for overseas tour operators and travel facilities (e.g. airports and airlines) to enable them to communicate the problem to their clients without producing a negative image of the tourist destination. Tourists are quite used to taking "sensible" health precautions visiting countries where malaria and other diseases are endemic. HIV/AIDS might figure as "just another disease" against which it is sensible to take precautions.

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